STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE TN1004			(X2) MULTII A. BUILDING B. WING		(X3) DATE SU COMPLET	RVEY TED 0/2012	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	STATE, ZIP CODE		
LIFE CAF	RE CENTER OF ELIZ	ABETHTON	1641 HIGH ELIZABETH				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST 8E PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		SHOULD BE	(X5) COMPLETE DATE
N1410	Continued From page 1 and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (I) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure an earthquake drill was exercised annually. The findings include: Interview and record review with the Maintenance Director on March 19, 2012 at 10:15 a.m. confirmed the facility failed to perform earthquake drills annually. There was no		K 147	a) The maintenance director will represults of the medical equipment/strip audit to the performance improvement committee for 3 modes. The performance improvement committee, addit education may be provided. The may be evaluated/revised and/or treviewed for 3 months or until 10 compliance is achieved. c) Performance improvement commitments are the executive director medical director, the director of nother assistant director of nursing, the coordinator, the PPS nurse, the reservices manager, the social services manager, the pharmacist, the maintenance directors of fice manager, the housekeeping supervisor, the staff development coordinator, and the care nurse.	ipment/power nce or 3 months. ment committee d if deemed ee, additional d. The process and/or the audits until 100% t committee e director, the tor of nursing, using, the MDS e, the rebab al services ger, the ce director, the the staff and the wound	5/5/12	
	documentation to in-service training 2011. This finding was we Supervisor and ac	cumentation to indicate earthquake drills or service training was conducted in 2012 or 11. If the finding was verified by the Maintenance pervisor and acknowledged by the ministrator during the exit conference on		N848	What corrective actions will be For those residents found to he affected by the deficient practical a) On 3/19/12, the maintenance called and ordered exhaus 04/02/12, the maintenance replaced the exhaust fans janitor's closet and in the linen room. Both rooms in negative air pressure. b) On 3/19/12, the maintenance in-serviced by the facility' director on ensuring that the adheres to building standards specifications of maintaining pressure in soiled spaces.	ave been ice: ice: it fans. On it fans. O	5/5/12

STATE FORM

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2012 FORM APPROVED OMB NO. 0938-0391

STAYEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CLIAN OF CORRECTION IDENTIFICATION NUMBER:	E CONSTRUCTION	(X8) DATE SURVEY		
A BUILDING	01 - MAIN BUILDING 01	OMB NO. 0938-0391 (X8) DATE SURVEY COMPLETED		
445302 B. WING				
NAME OF BOOMINED OF CUINGLISTS	03/19/2012			
SIREELA	STREET ADDRESS, CITY, STATE, ZIP CODE 1641 HIGHWAY 19E			
	ZABETHTON, TN 37643			
	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			
the definition will a be	were in-serviced by the maintena director on assuring building star and specifications on negative ai in soiled areas is maintained. The maintenance director will au exhaust fans to ensure negative a pressure is achieved in all dirty/s areas throughout the facility for and monthly for 2 months. ow the corrective actions will be mensure the deficient practice will not what quality assurance program yet into place:	me re action ortential to ctice. irrector chasure that and red for all re found e or what censure ccur: cronnel cance and red for all re ortential to coiled the coiled to recur; will be port the re air		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID; EY8Z21

Facility ID: TN1004

If continuation sheet

PRINTED: 03/21/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445302 03/19/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF ELIZABETHTON 1641 HIGHWAY 19E **ELIZABETHTON, TN 37643** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X6) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) The performance improvement committee N848 5/5/12 will review the results; and if deemed necessary by the committee, additional education may be provided. The process may be evaluated/revised and/or the audits reviewed for 3 months or until 100% compliance is achieved. Performance improvement committee members are the executive director, the medical director, the director of nursing, the assistant director of nursing, the MDS coordinator, the PPS nurse, the rehab services manager, the social services director, the dietary manager, the pharmacist, the maintenance director, the business office manager, the housekeeping supervisor, the staff development coordinator, and the wound care nurse. What corrective actions will be accomplished N1410 5/5/12 For those residents found to have been affected by the deficient practice: On 3/21/12, the maintenance director conducted an earthquake drill. The drill was evaluated and education was given to the staff. On 3/19/12, the maintenance director was in-serviced by the facility's executive director on regulatory requirements for external disaster procedures including an earthquake drill being exercised prior to March. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All facility residents have the potential to be affected by this deficient practice..

Event ID; EY8Z21

Facility ID: TN1004

If continuation sheet

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/21/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING COMPLETED 01 - MAIN BUILDING 01 B. WING. 445302 NAME OF PROVIDER OR SUPPLIER 03/19/2012 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF ELIZABETHTON 1641 HIGHWAY 19E ELIZABETHTON, TN 37643 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAĢ CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N1410 What measures will be out into place or what 5/5/12 systematic changes you will make to ensure that the deficient practice does not recur; On 03/19/12, the maintenance director was in-serviced by the facility's executive director on assuring regulatory requirements are met for external disaster procedures including an earthquake drill being exercised prior to March. b) The maintenance director will keep an annual calendar of disaster drills planned for months prior to March. The maintenance director will audit the calendar monthly for 3 months to assure compliance. How the corrective actions will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place; a) The maintenance director will report the results of the calendar audit to the performance improvement committee for 3 months. b) The performance improvement committee will review the results; and if deemed necessary by the committee, additional education may be provided. The process may be evaluated/revised and/or the audits reviewed for 3 months or until 100% compliance is achieved. Performance improvement committee members are the executive director, the medical director, the director of mursing, the assistant director of nursing, the MDS coordinator, the PPS nurse, the rehab services manager, the social services director, the dietary manager, the pharmacist, the maintenance director, the

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Event ID: EY8221

Facil

business office manager, the

care nurse.

housekeeping supervisor, the staff

development coordinator, and the wound

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